

Patient Information

Name: _____ DOB: _____
Last First MI

Age: _____ SSN: _____ Contact Phone: _____

Address: _____
Street / PO Box City State Zip

Parent/Guardian (if under age of 14): _____

Emergency Contact: _____ Emergency Phone: _____

Referring MD Full Name: _____

Primary Insurance Coverage: _____

Policy/Claim/ID#: _____ Group #: _____

Is Patient Subscriber? ☐ Y ☐ N (If not, please fill out subscriber information below)

Secondary Insurance Coverage: _____

Policy/Claim/ID #: _____ Group #: _____

Is Patient Subscriber? ☐ Y ☐ N (If not, please fill out subscriber information below)

Subscriber Info (if someone other than patient) Name: _____

DOB: _____ SSN: _____ Relationship to Patient: _____

Address: _____ Employer: _____

Where did this injury happen?

(If applicable)

☐ work ☐ auto accident

☐ recreation ☐ home

Date of Injury/Surgery: _____

Affected Body Part: _____

Side: R L Bi

Next MD appt: _____

Patient Consent & Release

INSURANCE: Plan and coverage will determine the amount your insurance company pays us. We require the all co-pays and current balances be paid at the time of service. Any other payment plans will need to be made in advance. By signing below, I verify that I have read and agree to Harbor Physical Therapy's financial policies and privacy practices.

RELEASE OF BENEFITS AND INFORMATION: I authorize Harbor Physical Therapy & Wellness Clinic to bill my current insurance. I authorize my insurance benefits to be paid directly to Harbor Physical Therapy & Wellness Clinic. I understand that I am financially responsible for any balance due. I authorize the release of any claim related medical information to determine benefits. I understand that any information deemed to be fraudulent with respect to my insurance information will result in my responsibility to pay all charges in full. By signing below, I authorize Mike Goodman, PT and associates of Harbor Physical Therapy & Wellness Clinic to evaluate and treat my condition(s) as they deem necessary.

Patient Signature: _____ **Date:** _____